24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Senate Conservatives Fund			С	C00448696
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Senate Conservatives Fund			09	27 2014
Mailing Address PO Box 388			Amount	
City	State	Zip Code		4703.70
Alexandria	VA	22313-0388		on ID : E268A82FDE514474A922 sbursement or Obligation
Purpose of Expenditure IE-Ernst-Online Processing		Category/ Type	09	
Name of Federal Candidate		Support	Office Sought:	House District:
Joni K Ernst		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		160728.81	Disbursement For 2014	r: Primary General (specify) General 2014
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Senate Conservatives Fund			09	30 / 2014
Mailing Address PO Box 388			Amount	
City	State	Zip Code		1211.20
Alexandria	VA	22313-0388		n ID : EFC3962EA4BC648B996C isbursement or Obligation
Purpose of Expenditure IE-Ernst-Online Processing		Category/ Type	M M M	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Joni K Ernst		Oppose	President	Senate State:IA
Calendar Year-To-Date Per Election for Office Sought	7 7	190230.01	Disbursement For 2014 Other	r: Primary General (specify) ► General 2014
(a) SUBTOTAL of Itemized Independent Expenditure	}S		• •	5914.90
(b) SUBTOTAL of Unitemized Independent Expendit	tures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Paul Kilgore	[Electron	nically Filed] Date	e 10 0	11 2014
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Senate Conservatives Fund	C C00448696			
Check if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Conservative Connector LLC	09 30 2014			
Mailing Address 435 East Main St. Ste. 250	Amount			
City State Zip Code	28290.00			
Greenwood IN 46143-1464	Transaction ID : EAD17A8A2E3354C08BFB Date of Disbursement or Obligation			
Purpose of Expenditure IE-Ernst-Email List Rental Category/ Type	09 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	ee Sought: House District:			
Joni K Ernst Oppose	President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Water (Specify) ► General 2014			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y			
Name of Federal Candidate Support Office	ce Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	28290.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	34204.90			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				